



REDACTED – FOR PUBLIC INSPECTION

DOCKET FILE COPY ORIGINAL

Received & Inspected

NOV - 1 2013

FCC Mail Room

October 31, 2013

*Via Electronic Filing*

Marlene H. Dortch, Secretary  
Federal Communications Commission  
Office of the Secretary  
445 12<sup>th</sup> Street, SW  
Washington, DC 20554

Re: WC Docket No. 10-90, WC Docket No. 11-42  
2013 ETC Annual Report of Swayzee Telephone Company  
Study Area Code 320826

Dear Executive Secretary:

On behalf of Swayzee Telephone Company ("Swayzee"), we have attached for filing confidential and redacted versions of the FCC Form 481 ETC annual reporting information pursuant to sections 54.313 and 54.422 of the Commission's rules<sup>1</sup>. Swayzee seeks confidential treatment under Protective Order for the information filed pursuant to section 54.313(f)(2) of the Commission's regulations<sup>2</sup>. The redacted version is also being filed this date via the FCC's Electronic Comment Filing System.

Sincerely,

Vantage Point Solutions

/s/ Doug Eidahl  
VP of Consulting  
Phone: (605) 995-1750  
Fax: (605) 995-1778  
Doug.Eidahl@Vantagepnt.com  
Enclosure(s)

cc: Mr. Tim Miles, General Manager, Swayzee Telephone Company  
Mr. Charles Tyler, Telecommunications Access Policy Division

No. of Copies rec'd 0+1  
List ABCDE

<sup>1</sup> 47 C.F.R. 54.313 and 47 C.F.R. 54.422.

<sup>2</sup> *Connect America Fund et al.*, WC Docket No. 10-90 *et al.*, Protective Order, DA 12-1857 rel. Nov. 16, 2012 (Protective Order). 47 C.F.R. 54.313(f)(2).

<010> Study Area Code	320826	Received & Inspected
<015> Study Area Name	SWAYZEE TEL CO	
<020> Program Year	2014	NOV - 1 2013
<030> Contact Name: Person USAC should contact with questions about this data	Tim Miles	FCC Mail Room
<035> Contact Telephone Number: Number of the person identified in data line <030>	765-922-7916	
<039> Contact Email Address: Email of the person identified in data line <030>	tmiles@swayzee.com	

<100> Service Quality Improvement Reporting	(complete attached worksheet)	(check box when complete)
<200> Outage Reporting (voice)	(complete attached worksheet)	
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report		
<300> Unfulfilled Service Requests (voice)	0	
<310> Detail on Attempts (voice)	(attach descriptive document)	
<320> Unfulfilled Service Requests (broadband)		
<330> Detail on Attempts (broadband)	(attach descriptive document)	
<400> Number of Complaints per 1,000 customers (voice)		
<410> Fixed	0.0	
<420> Mobile	0.0	
<430> Number of Complaints per 1,000 customers (broadband)		
<440> Fixed		
<450> Mobile		
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	
<510> 320826in510	(attached descriptive document)	
<600> Functionality in Emergency Situations	(check to indicate certification)	
<610> 320826in610	(attached descriptive document)	
<700> Company Price Offerings (voice)	(complete attached worksheet)	
<710> Company Price Offerings (broadband)	(complete attached worksheet)	
<800> Operating Companies and Affiliates	(complete attached worksheet)	
<900> Tribal Land Offerings (Y/N)?	(if yes, complete attached worksheet)	
<1000> Voice Services Rate Comparability	(check to indicate certification)	
<1010>	(attach descriptive document)	
<1100> Terrestrial Backhaul (Y/N)?	(if not, check to indicate certification)	
<1110>	(complete attached worksheet)	
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	

**Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet**

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	
<2005>	(complete attached worksheet)	

**Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet**

<3000>	(check to indicate certification)	
<3005>	(complete attached worksheet)	



<010>	Study Area Code	320826
<015>	Study Area Name	SWAYZEE TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Tim Miles
<035>	Contact Telephone Number - Number of person identified in data line <030>	765-922-7916
<039>	Contact Email Address - Email Address of person identified in data line <030>	tmiles@swayzee.com
<110>	Has your company received its ETC certification from the FCC?	(yes / no ) <input type="radio"/> <input type="radio"/>
	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5	
<111>	year plan" filed with the FCC?	(yes / no ) <input checked="" type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



<010>	Study Area Code	320826
<015>	Study Area Name	SWAYZEE TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Tim Miles
<035>	Contact Telephone Number - Number of person identified in data line <030>	765-922-7916
<039>	Contact Email Address - Email Address of person identified in data line <030>	tmiles@swayzee.com

[illegible]





[REDACTED]

<010>	Study Area Code	320826
<015>	Study Area Name	SWAYZEE TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Tim Miles
<035>	Contact Telephone Number - Number of person identified in data line <030>	765-922-7916
<039>	Contact Email Address - Email Address of person identified in data line <030>	tmiles@swayzee.com
<810>	Reporting Carrier	Swayzee Telephone Company
<811>	Holding Company	N/A
<812>	Operating Company	N/A

<813>

[illegible]



<010>	Study Area Code	320826
<015>	Study Area Name	SWAYZEE TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Tim Miles
<035>	Contact Telephone Number - Number of person identified in data line <030>	765-922-7916
<039>	Contact Email Address - Email Address of person identified in data line <030>	tmiles@swayzee.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes,No, NA)





<010>	Study Area Code	320826
<015>	Study Area Name	SWAYZEE TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Tim Miles
<035>	Contact Telephone Number - Number of person identified in data line <030>	765-922-7916
<039>	Contact Email Address - Email Address of person identified in data line <030>	tmiles@swayzee.com

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G) ☐



<010>	Study Area Code	320826
<015>	Study Area Name	SWAYZEE TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Tim Miles
<035>	Contact Telephone Number - Number of person identified in data line <030>	765-922-7916
<039>	Contact Email Address - Email Address of person identified in data line <030>	tmiles@swayzee.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of attached document (.pdf)

<1220> Link to Public Website

HTTP [http://swayzee.com/wordpress/?page\\_id=271](http://swayzee.com/wordpress/?page_id=271)

"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒

<1222> Details on the number of minutes provided as part of the plan, ☒

<1223> Additional charges for toll calls, and rates for each such plan. ☒



<010>	Study Area Code	320826
<015>	Study Area Name	SWAYZEE TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Tim Miles
<035>	Contact Telephone Number - Number of person identified in data line <030>	765-922-7916
<039>	Contact Email Address - Email Address of person identified in data line <030>	tmiles@swayzee.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

**Incremental Connect America Phase I reporting**

- <2010> 2nd Year Certification {47 CFR § 54.313(b)(1)}
- <2011> 3rd Year Certification {47 CFR § 54.313(b)(2)}

☐  
☐

**Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}**

- <2012> 2013 Frozen Support Certification
- <2013> 2014 Frozen Support Certification
- <2014> 2015 Frozen Support Certification
- <2015> 2016 and future Frozen Support Certification

☐  
☐  
☐  
☐

**Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}**

- <2016> Certification Support Used to Build Broadband

☐

**Connect America Phase II Reporting {47 CFR § 54.313(e)}**

- <2017> 3rd year Broadband Service Certification
- <2018> 5th year Broadband Service Certification
- <2019> Interim Progress Certification
- <2020> Please check the box to confirm that the attached PDF , on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.
- <2021> Interim Progress Community Anchor Institutions

☐  
☐  
☐  
☐

Name of Attached Document Listing Required Information

\_\_\_\_\_

<010>	Study Area Code	320826
<015>	Study Area Name	SWAYZEE TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Tim Miles
<035>	Contact Telephone Number - Number of person identified in data line <030>	765-922-7916
<039>	Contact Email Address - Email Address of person identified in data line <030>	tmiles@swayzee.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

Progress Report on 5 Year Plan

<p>(3010) Milestone Certification {47 CFR § 54.313(f)(1)(i)} Please check this box to confirm that the attached PDF, on line 3012,</p> <p>(3011) contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.</p>	<p>Name of Attached Document Listing Required Information</p> <div style="border: 1px solid black; width: 150px; height: 15px; margin-top: 5px;"></div>
<p>(3012) Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}</p> <p>(3013) Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}</p> <p>(3014) If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:</p> <p>(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)</p> <p>(3016) PDF of Balance Sheet, Income Statement and Statement of Cash Flows</p> <p>(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation</p> <p>(3018) If the response is no on line 3014, Is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:</p> <p>(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications</p> <p>(3020) PDF of Balance Sheet, Income Statement and Statement of Cash Flows</p> <p>(3021) Management letter issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,</p> <p>(3022) Underlying information subjected to a review by an independent certified public accountant</p> <p>(3023) Underlying information subjected to an officer certification.</p> <p>(3024) PDF of Balance Sheet, Income Statement and Statement of Cash Flows</p> <p>(3025) Attach the worksheet listing required information</p> <p>(3026)</p>	<p>Name of Attached Document Listing Required Information</p> <div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> (Yes/No)         </div> <div style="display: flex; align-items: center;"> <input type="checkbox"/> (Yes/No)         </div> <div style="display: flex; align-items: center; margin-top: 10px;"> <input type="checkbox"/> </div> <div style="display: flex; align-items: center; margin-top: 10px;"> <input type="checkbox"/> </div> <p>Name of Attached Document Listing Required Information</p> <div style="display: flex; align-items: center;"> <input type="checkbox"/> (Yes/No)         </div> <div style="display: flex; align-items: center; margin-top: 10px;"> <input type="checkbox"/> </div> <div style="display: flex; align-items: center; margin-top: 10px;"> <input type="checkbox"/> </div> <div style="display: flex; align-items: center; margin-top: 10px;"> <input type="checkbox"/> </div> <div style="display: flex; align-items: center; margin-top: 10px;"> <input checked="" type="checkbox"/> </div> <div style="display: flex; align-items: center; margin-top: 10px;"> <input checked="" type="checkbox"/> </div> <div style="display: flex; align-items: center; margin-top: 10px;"> <input checked="" type="checkbox"/> </div> <div style="display: flex; align-items: center; margin-top: 10px;"> <input checked="" type="checkbox"/> </div> <p>Name of Attached Document Listing Required Information</p> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 150px; height: 15px; margin-right: 5px;"></div> <div>320826in3026</div> </div>



<010>	Study Area Code	320826
<015>	Study Area Name	SWAYZEE TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Tim Miles
<035>	Contact Telephone Number - Number of person identified in data line <030>	765-922-7916
<039>	Contact Email Address - Email Address of person identified in data line <030>	tmiles@swayzee.com

**TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:**

<b>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients</b>	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	SWAYZEE TEL CO
Signature of Authorized Officer:	CERTIFIED ONLINE
	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	320826
Filing Due Date for this form:	10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	



<010>	Study Area Code	320826
<015>	Study Area Name	SWAYZEE TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Tim Miles
<035>	Contact Telephone Number - Number of person identified in data line <030>	765-922-7916
<039>	Contact Email Address - Email Address of person identified in data line <030>	tmiles@swayzee.com

**TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:**

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: SWAYZEE TEL CO	
Signature of Authorized Officer: CERTIFIED ONLINE	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: 320826	Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**TO BE COMPLETED BY THE AUTHORIZED AGENT:**

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: SWAYZEE TEL CO	
Name of Authorized Agent or Employee of Agent: Leah Richter	
Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE	Date: _____
Printed name of Authorized Agent or Employee of Agent: Leah Richter	
Title or position of Authorized Agent or Employee of Agent: Consultant	
Telephone number of Authorized Agent or Employee of Agent: 605-995-1793	
Study Area Code of Reporting Carrier: 320826	Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

## Attachments

**CERTIFICATION OF SWAYZEE TELEPHONE COMPANY**

**Reporting Period January 1 – December 31, 2012**

**Sec. 54.313(a)(5) Service Quality Standards and Consumer Protection Rules Compliance**

Pursuant to § 54.313(a)(5) for High-cost Recipients, Carrier hereby certifies that it is in compliance with applicable service quality standards and consumer protection rules. Carrier follows Customer Proprietary Network Information (CPNI) rules and also files the annual CPNI certification with the FCC pursuant to the FCC's current CPNI rules and regulations. Carrier has also implemented an Identity Theft Prevention Program in accordance with the federal Red Flags Rule. Carrier provides a 30 day notice to customers prior to a rate change and provides notice to customers of billing practices within their service terms and conditions. Carrier has procedures in place for receiving emergency calls during non-business hours and completes all installations and service orders within 5 business days of the request.

I verify that the foregoing is true and correct. Executed on October 15, 2013.

/s/ Tim Miles

Tim Miles, General Manager, Swayzee Telephone Company

SAC: 320826



**CERTIFICATION OF SWAYZEE TELEPHONE COMPANY**

**Reporting Period January 1 – December 31, 2012**

**Sec. 54.313(a)(6) Ability to Function in an Emergency Situation**

Pursuant to § 54.313(a)(6) for High-cost Recipients, Carrier hereby certifies that it is able to function in emergency situations as set forth in § 54.202(a)(2). Carrier is able to remain functional in an emergency situation through the use of back-up power to ensure functionality without an external power source. Carrier has backup battery (or equivalent power) reserve in its central office, which enables it to maintain a minimum of two hours of backup power to ensure functionality without an external power source if external power is lost. Carrier's network is engineered to handle reasonable excess traffic in the event of traffic spikes resulting from emergency situations. Carrier has redundancy in its network for use in re-rerouting traffic when facilities are damaged.

I verify that the foregoing is true and correct. Executed on October 15, 2013.

/s/ Tim Miles

Tim Miles, General Manager, Swayzee Telephone Company

SAC: 320826

REDACTED – FOR PUBLIC INSPECTION

SWAYZEE TELEPHONE COMPANY (SAC 320826)

ATTACHMENT – LINE 3026

ATTACHMENT REDACTED IN ENTIRETY